

MULTIPLE DEPEN. CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
0 / 567722

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	0					
2		1				
3		1				
4		1				
5		1				
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7	1					
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TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	12	◀		◀		◀
TOTAL CLAIMS	14	██████████		██████████		██████████

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		◀		◀		◀
TOTAL CLAIMS		██████████		██████████		██████████